

ISSUE SLIP STAMP AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | T.D.     |        | 2/26/99 |
| O.I.P.E. CLASSIFIER |          | 49     | 3/3/99  |
| FORMALITY REVIEW    | KNO.     | 71477  | 3/8/99  |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 1/26/02 |
| 2        | 5/28/02 |
| 3        | 7/27/02 |
| 4        | 1/14/03 |
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| Claim    | Date |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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